# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification	(4.5.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	Report Filed B	y Candida	te 🔽	Committee		Lobbyist	
Number		(Mark X)						
Name of Filing Committee, Ca	ndidate or		1 4)4					
Lobbyist		1 Anie	(A, N/					
Street Address		3230 (	TREEnon	Janen Bu	LUD			
City ER	الو	,	State	ARDEN BL PA	Zip Code	16508		
Type of Report (Place x under r								
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday	3- 30 Day Post	4- 6th Tuesday	5- 2 <sup>nd</sup> Friday	6-30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day	
Pre-Primary Pre-Primary		Pre- Election	Pre- Election	Election		Pre-Election	Post-Election	
Date Of Election	11/1	Year	70:00	Amendment		Termination		
(MM/DD/YYYY)	11/7/2017		2017	Report		Report		
Summary of Receipts and	From Date	To Date		7.08 7.16 7.16	For	Office Use Only		
Expenditures	11/8/201	7 11/2-	12017					
A. Amount Brought Forward F	, 4	0	60				20	
B. Total Monetary Contribution	ns and Receints		7			YOT .	2017	
(From Schedule I)	nis una necerpts	9	D			m <u>m</u>		
C. Total Funds Available	petral contract	5 70	/ 0			227(11)	I	
(Sum of Lines A and B)			,60			Eco	7	
D. Total Expenditures (From Schedule III)		S 70	0,60					
E. Ending Cash Balance		S	1					
(Subtract Line D from Line C)			D I					
F. Value of In-Kind Contribution	ons Received	\$				ISTRATION	22	
(From Schedule II) G. Unpaid Debts and Obligation	ne	S						
(From Schedule IV)	)113							
( in the second			Affidavit Sec	ction				
Part 1- If this is a Committee repor	rt, treasurer sign he	ere. If this is a Car	ndidate report, ca	n <del>didate</del> sign here.				
I swear (or affirm) that this report,	including the attac	ched schedules or	n paper, is to the	best of my knowled	ge and belief t	rue, correct and comple	ete.	
Sworn to and subscribed before m			1	) Of \$	/le			
day of Dec.	20 1	-	7	Signature	of Person Subn	nitting report		
Signature	Luli	- [	_	DANTEL	Printed Nam		_	
Signature	-2-19	. 1		7(2)		12-417)		
My Commission expires		S	702 813-4172					
MO. DAY YR. Area Code Daytime Telephone Number								
Part II- If this is a report of a Candi	date's Authorized	Committee, cand	idate shall sign h	ere.				
I swear (or affirm) that to the best	of my knowledge a	and belief this pol	itical committee	has not violated an	y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as	
amended.								
Sworn to and subscribed before me this								
day ofSignature of Candidate								
Signature Printed Name								
Signature		. I						
My Commission expiresMO.	DAY YR.	_		Area Code	Day	time Telephone Numbe	г	
1								

## SCHEDULE I

# Contributions and Receipts Detailed Summary Page

DEMONSTRATION OF THE PARTY OF T	
Filer Identification Number	

Total for the reporting period	d (1)	\$	
Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	i (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
		\$   \$	
	(3)		
All Other Contributions (Part D)  Total for the reporting period	5/152	\$	
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)  Total for the reporting period  4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Particular Section 1988)  Total for the reporting period	rt E)	\$	

### PART A

# **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

					Amount
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$ Amount
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

### PART B

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Full Name of Co	entributor			Date [MM/DD/YYYY]	\$	
ruii Name or Co	ontributor			Date [WWW/DD/1111]		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
City		State	Zip code	Date [WIW/ DD/ TTT]		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
CONTROL OF COLUMN		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	16000.03	

## PART C

# **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

The Identification Number.				
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Addre	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Addre	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Addre	955		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Addre	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Addre	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Addre	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$

# All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address A Principal Place of Business	/			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address a Principal Place of Business	/		National Conference of the Con	

### PART E

Other Receipts
REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	ber:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		d-manufacture (		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				,
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

### SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FROM PART F)
TOTAL for the reporting period (2)	S
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	/I PART G)
TOTAL for the reporting period (3)	S
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

### SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

City   State   Zip Code   Date [MM/DD/YYYY] \$  Description of Contributor   Date [MM/DD/YYYY] \$  House # Street Address   Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  Description of Contribution   Date [MM/DD/YYYY] \$  House # Street Address   Date [MM/DD/YYYY] \$  City   Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Description of Contribution   Date [MM/DD/YYYY] \$	Filer Identification	Number:				
House # Street Address Date [MM/DD/YYYY] \$  City			Kalbis - Control			
City   State   Zip Code   Date [MM/DD/YYYY] \$    Description of Contribution   Date [MM/DD/YYYY] \$    Date [MM/DD/YYYY] \$    Date [MM/DD/YYYY] \$    Description of Contributor   Date [MM/DD/YYYY] \$    Description of Contributor   Date [MM/DD/YYYY] \$    Date [MM/DD/YYYY] \$	Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
City   State   Zip Code   Date [MM/DD/YYYY] \$    Description of Contributor   Date [MM/DD/YYYY] \$    House #   Street Address   Date [MM/DD/YYYY] \$    Description of Contributor   Date [MM/DD/YYYY] \$    Description of Contributor   Date [MM/DD/YYYY] \$    House #   Street Address   Date [MM/DD/YYYY] \$    Description of Contributor   Date [MM/DD/YYYY] \$    Description of Contribution   Date [MM/DD/YYYY] \$					D [8484/DD (WWW]	
Description of Contributor  Full Name of Contributor  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Description of Contributor  Full Name of Contributor  Full Name of Contributor  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Description of Contributor  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Description of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	House #	Street Address			Date [IMIM/DD/1111]	3
Description of Contributor  Full Name of Contributor  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Description of Contributor  Full Name of Contributor  Full Name of Contributor  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Description of Contributor  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Description of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Description of Contributor  Full Name of Contributor  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Description of Contribution  Full Name of Contributor  Full Name of Contributor  Date [MM/DD/YYYY] \$  Description of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	o.eg				•	
House # Street Address Date [MM/DD/YYYY] \$  City Description of Contribution  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$	Description of C	ontribution		See and the second of		Š
City   State   Zip Code   Date [MM/DD/YYYY] \$    Description of Contribution   Date [MM/DD/YYYY] \$    House #   Street Address   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$    Description of Contribution   Date [MM/DD/YYYY] \$    House #   Street Address   Date [MM/DD/YYYY] \$    City   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$    Description of Contribution   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$    Description of Contribution   Date [MM/DD/YYYY] \$	Full Name of Co	ntributor	Marie Control		Date [MM/DD/YYYY]	\$
City   State   Zip Code   Date [MM/DD/YYYY] \$    Description of Contribution   Date [MM/DD/YYYY] \$    House #   Street Address   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$    Description of Contribution   Date [MM/DD/YYYY] \$    House #   Street Address   Date [MM/DD/YYYY] \$    City   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$    Description of Contribution   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$    Description of Contribution   Date [MM/DD/YYYY] \$						
Description of Contributor  Full Name of Contributor  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Description of Contribution  Full Name of Contributor  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	\$
Description of Contributor  Full Name of Contributor  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Description of Contribution  Full Name of Contributor  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$						
Full Name of Contributor    Date [MM/DD/YYYY]   \$	City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributor    Date [MM/DD/YYYY]   \$	Description of C	ontribution				
House # Street Address Date [MM/DD/YYYY] \$  City Description of Contribution  Full Name of Contributor Date [MM/DD/YYYY] \$  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Description of Contribution					Data [MM/DD/WWW]	l ¢ l
City State Zip Code Date [MM/DD/YYYY] \$  Description of Contribution  Full Name of Contributor Date [MM/DD/YYYY] \$  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	Full Name of Co	ntributor			Date [WW/DD/1111]	3
City State Zip Code Date [MM/DD/YYYY] \$  Description of Contribution  Full Name of Contributor Date [MM/DD/YYYY] \$  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	\$
Description of Contributor  Full Name of Contributor  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Description of Contribution	nouse #	Street Address				
Full Name of Contributor    Date [MM/DD/YYYY]   \$	City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor    Date [MM/DD/YYYY]   \$						
House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Description of Contribution	Description of C	ontribution				
City State Zip Code Date [MM/DD/YYYY] \$  Description of Contribution	Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] \$  Description of Contribution					D [MM/DD (0000/]	i è
Description of Contribution	House #	Street Address	6		Date [WIM/DD/YYYY]	3
Description of Contribution	City		State	Zip Code	Date [MM/DD/YYYY]	\$
	City					
Full Name of Contributor	Description of C	Contribution		*		
Full Name of Contributor	Full Name of Co	ontributor	The day of the second		Date [MM/DD/YYYY]	\$
House # Street Address Date [MM/DD/YYYY] \$	House #	Street Address	5		Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] \$				7:- 0-1-	Date IMM/DD/WWWI	
City   State   Zip Code   Date [MM/DD/YYYY]   \$	City		State	zip code	Date [www/DD/1111]	
Description of Contribution	Description of C	Contribution		201111111111111111111111111111111111111	1	

### SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification I	Number.				
For Pr				Date IMM (DD BBBBB	
Full Name of Con	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
	ng Address / Principal			Description of Contribution	
Full Name of Con	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		9-52-16 6		Occupation	
	ng Address / Principal			Description of Contribution	
Full Name of Con	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
	ng Address / Principal			Description of Contribution	
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
	ng Address / Principal			Description of Contribution	

# Statement of Expenditures

PROPERTY AND ADDRESS OF THE PROPERTY OF THE PR	
Filer Identification Number:	
riiei ideildiicadon Number.	

To Whom Paid	D CA	<u>~</u>				Date [MM/DD/YYYY] \$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	FeDEXC	11/20/2017	2,60				
House #	Street Address 5755 Reach Street					Description of Expenditure	
City ERI	e	State	PA	Zip Code	16509	GOPIES	
To Whom Paid	Wegma	15	2			Date [MM/DD/YYYY]   \$	40,00
House #	Street Address		Peach		T	Description of Expenditure	
City EP1	2	State	PA	Zip Code	16509	EVENT Supplies	
To Whom Paid	Wacma	Date [MM/DD/YYYY] \$	28,00				
House #	Street Address	Description of Expenditure					
City ERIE		State	PA	Zip Code	16509	Event Supplie	'S
To Whom Paid		- fallowers				Date [MM/DD/YYYY] \$	
House # Street Address						Description of Expenditure	I
City		State		Zip Code			
To Whom Paid		Date [MM/DD/YYYY] \$					
House #	Street Address					Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
City		State		Zip Code			
To Whom Paid				di kontraktione		Date [MM/DD/YYYY] \$	
House #	House # Street Address						
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
City		State		Zip Code		Was deposited by the first	and the second s

## **SCHEDULE IV**

# **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification	n Number:			
Name of Credito	or			Outstanding Balance of Deb
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	Acceptance of the control of the con	State	Zip Code	
Description of D	Debt			
Name of Credito	or			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt			
Name of Credit	or			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			,
Name of Credit	or			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	cor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of I	Debt			
Name of Credit	tor			Outstanding Balance of De
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			